								Application or Docket Number					
	PATENT	RE											
Effective October 1, 2003								100 mg					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OF.	OTHER		
TOTAL CLAIMS			24					RATE FEE		7	RATE	FE	E
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	£ 385.00	OR	Basic Fee	770.	00
TOTAL CHARGEABLE CLAIMS			7 Se minus 20=		· પ			XS 9=	36	OR	XS18=		
INDEPENDENT CLAIMS			كبلو	inus 3 =	9			X43•		OR	X86=		
MR	ALTIPLE DEPEN	EDENT CLAIM P	RESENT	ESENT				+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "O" in column 2								TOTAL	42	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER		-
1	2-7-06 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTIT	Y
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TION FE	AL
	Total	• 24	Minus	1	9	- /		X\$ 9=	7	OR	X\$18-7		
E E	Independent	٠ 2	Minus	***	3	• •	:	X43•	1	OR	X85-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1-/-	<u>پر</u>	7		\neg
								+145=		OR	290=		
•								TOTAL ADDIT. FEE	-	OR	ADDIT. FEE	<u> </u>	
(Cotumn 1) (Cotumn 2) (Cotumn 3)													
AMENDMENT B	9/2/66	REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADD TION FE	ÀL.
	Total	. 24	Minus	-0	4	• / '		XS 9=		OR	X\$18=		П
	Incependent	NTATION OF MU	Minus ILTIPLE DEI	-3	CLAIM	- /		X43-		OR	X86=		
								+145=		OR	+290=	IT	
2/12/87								TÖTAL DOIT. FEE		OR	TOTAL ADDIT, FEE		口
	XIV												
AMENDMENT C	4 /	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID/	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION	AL
	Total	<i>√</i> /-/	Minus	2H	,	- / :		X\$ 9=		OR	X\$18=		一
	independent	·3	Minus	- Ka	· ·	•/		X43-	1		X86=		一
	FIRST PRESE	NTATION OF MU	ETIPLE DEF	PENDENT	CLAIM		-		 	OR	~~~		-4
• 1	the entry is a short		+145=		OR	+290=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." "If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE													
1	he Highest Num	neer Previously Paid be: Previously Paid	in For (Total o	o orace is Independe	100 (d) (D) (d) (d) (d)	u a' ear, a'.	r tour	nd in the ap	brobutese pon	in col	ufin 1.		1

FORM PTO-073 Rev 10/031

R. U.E. DEPARTMENT OF COMMERCE